

## **Organization ABC**

### **Application for Funding**

#### **CDC Program Announcement 00100: Community-Based Strategies to Increase HIV Testing of Persons at High Risk in Communities of Color**



The following is a sample of an application for Program Announcement 00100. It is based on a fictitious organization; any resemblance to an existing organization or to real people is purely coincidental. This sample application contains nonsense text in some parts. It is designed to provide an idea of what an application might look like. It is not intended to be copied, in whole or in part, for submission to CDC.



APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 08/01/00		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier			
<b>5. APPLICATION INFORMATION</b>					
Legal Name: Organization <b>ABC</b>			Organizational Unit:		
Address (give city, county, state, and zip code): <b>123 South Street, Atlanta, GA 30101</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Dr. Zeke Daniels, (404) 799-0900</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  <b>88-0004912</b>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>N</b></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <b>A. State</b>  <b>B. County</b>  <b>C. Municipal</b>  <b>D. Township</b>  <b>E. Interstate</b>  <b>F. Intermunicipal</b>  <b>G. Special District</b> </div> <div> <b>H. Independent School Dist.</b>  <b>I. State Controlled Institution of Higher Learning</b>  <b>J. Private University</b>  <b>K. Indian Tribe</b>  <b>L. Individual</b>  <b>M. Profit Organization</b>  <b>N. Other (Specify): <u>Community-Based Organization</u></b> </div> </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es)  <div style="display: flex; justify-content: space-between;"> <div> <b>A. Increase Award</b>   <b>D. Decrease Duration</b> </div> <div> <b>B. Decrease Award</b>   <b>Other (Specify):</b> </div> <div> <b>C. Increase Duration</b> </div> </div>			<b>9. Name of Federal Agency:</b> Centers for Disease Control and Prevention		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-939</b>  TITLE: HIV Prevention Activities - Non-Governmental Organization Based			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  <b>PA 00100</b>		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> DeKalb and Fulton Counties, Georgia					
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
State Date <b>9/1/00</b>	Ending Date <b>8/31/00</b>	a. Applicant <b>5<sup>th</sup>, Georgia</b>		b. Project <b>5<sup>th</sup> and 4<sup>th</sup>, Georgia</b>	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	<b>\$163,942</b> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <b>8/1/00</b>			
b. Applicant	\$ .00				
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
f. Program Income	\$ .00				
g. TOTAL	<b>\$163,942</b> .00				
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b>  YES <input type="checkbox"/> "Yes," attach an explanation <input checked="" type="checkbox"/> <b>XX No</b>			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH TH ATTACHED ASSUREANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Typed Name of Authorized Representative <b>Dr. Zeke Daniels</b>		b. Title Executive Director		c. Telephone number <b>(404) 799-0900</b>	
d. Signature of Authorized Representative <b>Dr. Zeke Daniels</b>				e. Date Signed <b>07/31/00</b>	

## BUDGET INFORMATION - Non-Construction Program

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
1.PA 00100	93 939	\$	\$	\$163,942	\$	\$163,942
2.						
3.						
4.						
G TOTALS		\$	\$	\$163,942	\$	\$163,942

  

SECTION B - BUDGET CATEGORIES					
G Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				TOTAL (5)
	(1)Counseling/Testin	(2)	(3)	(4)	
a. Personnel	\$103,350	\$	\$	\$	\$103,350
b. Fringe Benefits	25,062				25,062
c. Travel	3,000				3,000
d. Equipment	200				200
e. Supplies	9,000				9,000
f. Contractual	19,830				19,830
g. Construction					
h. Other	3,500				3,500
i. Total Direct Charges (sum of 6a - 6h)	163,942				163,942
j. Indirect Charges					
k. TOTALS (sum of 6i - 6j)	\$163,942	\$	\$	\$	\$163,942

  

7. Program Income	\$	\$	\$	\$	\$
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**SECTION C – NON FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Source	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	\$	\$	\$	\$

**SECTION D – FORECASTED CASH NEEDS**

	Total for First Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
13. Federal	163,942	40,985	40,985	40,985	40,985
14. Non-Federal					
15. TOTALS (sum of lines 13 and 14)	\$163,942	\$40,985	\$40,985	\$40,985	\$40,985

**SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Program Announcement 00100	163,942	163,942	163,942	163,942
17.				
18.				
19.	\$163,942	\$163,942	\$163,942	\$163,942
20. TOTALS (sum of lines 16 – 19)				

**SECTION F – OTHER BUDGET INFORMATION**

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- G Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this project.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  Zeke Daniels	TITLE Executive Director	
APPLICANT ORGANIZATION  Organization ABC		DATE SUBMITTED  07/31/00

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work- place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee's work- place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabil- itation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement re- quired by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has

designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the



statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

## 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
Zeke Daniels	Executive Director	
APPLICANT ORGANIZATION		DATE SUBMITTED
Organization ABC		07/31/00

# CHECKLIST

**Public Burden Statement:** Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Clearance Officer, 1600

Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:	X NEW	9 Noncompeting Continuation	9 Competing Continuation	9 Supplemental
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**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) .....	X	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page. ....	X	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .....	X	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
9 Civil Rights Assurance (45 CFR 80) .....	7/31/00	
9 Assurance Concerning the Handicapped (45 CFR 84) .....	7/31/00	
9 Assurance Concerning Sex Discrimination (45 CFR 86) .....	7/31/00	
9 Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....	7/31/00	
5. Human Subjects Certification, when applicable (45 CFR 46) .....	9	x

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....	9	x
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....	X	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? .....	x	
4. Have biographical sketch(es) with job description(s) been attached, when required? .....	x	9
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....	x	9
6. Has the 12 month detailed budget been provided? .....	x	9
7. Has the budget for the entire proposed project period with sufficient detail been provided? .....	x	9
8. For a Supplemental application, does the detailed budget address only the additional funds requested? .....	9	x
9. For Competing Continuation and Supplemental applications, has a progress report been included? .....	9	x

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made.

Name Dr. Zeke Daniels

Title Executive Director

Organization Organization ABC

Address 123 South St., Atlanta, GA 30001

Email Address Zeked@aol.com

Telephone Number (404) 799-0900

Fax Number (404) 799-0999

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name Dr. Zeke Daniels

Title Executive Director

Organization Organization ABC

Address 123 South St., Atlanta, GA 30001

Email Address Zeked@aol.com

Telephone Number (404) 799-0900

Fax Number (404) 799-0999

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)  
880004912EIN

SOCIAL SECURITY NUMBER  
XXX-XX-XXXX

HIGHEST DEGREE EARNED  
Ph.D

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- X (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

I

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a

consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action</b>  <b>C</b> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action</b>  <b>B</b> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type</b>  <b>A</b> a. initial filing b. material change  For Material Change Only: Year ____ Quarter ____ Date of last report ____
<b>4. Name and Address of Reporting Entity:</b>  <b>X</b> Prime                      9 Subwarddee Organization ABC 123 South Street Atlanta, GA 30101              Tier _____, <i>if known</i>  Congressional District, <i>if known</i> : 5th	<b>5. If Reporting Entity in No 4 is Subwarddee, Enter Name and Address of Prime:</b>  N/A  Congressional District, <i>if known</i> :	
<b>6. Federal Department/Agency</b> Centers for Disease Control and Prevention	<b>7. Federal Program Name/Description</b> Program Announcement 00100, Community-Based Strategies to Increase HIV Testing of Persons at High Risk in Communities of Color CFDA Number, <i>if applicable</i> _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$163,942	

<p><b>10. a. Name and Address of Lobbying Entity</b>  <i>(if individual, last name, first name, MI):</i></p> <p>N/A</p>	<p><b>b. Individuals Performing Services</b> <i>(including address if different from 10a)</i>  <i>(last name, first name, MI)</i></p> <p>N/A</p>	
<p><b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: <u>Zeke Daniels</u></p> <p>Print name: <u>Zeke Daniels</u></p> <p>Title: <u>Executive Director</u></p> <p>Telephone No: <u>(404) 799-0900</u>    Date: <u>07/31/00</u></p>	
<p><b>Federal Use Only:</b></p>		<p>Authorized for Local  Reproduction Standard Form -  LLL (Rev. 7.97)</p>

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
0348-0046

Reporting Entity:     N/A     Page      of



## ASSURANCE OF COMPLIANCE

with the

### "REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME	OCCUPATION	AFFILIATION
<u>Bill Winston</u>	<u>Community Liaison</u>	<u>GA Dept. of Public Health</u>
<u>Sandra Barker</u>	<u>Nurse/Outreach Worker</u>	<u>Helping Hands, Inc.</u>
<u>Alvin Tse</u>	<u>Behavioral Scientist</u>	<u>Georgia State University</u>
<u>Rasheeda Lowell</u>	<u>State Representative</u>	<u>GA House of Reps.</u>
<u>Robert Williams</u>	<u>Licensed Social Worker</u>	<u>RW Associates, Inc.</u>
<u>Sarah Mabry</u>	<u>Program Official</u>	<u>GA Dept. of Public Health</u>

(Health Department Representative)

Organization ABC  
Applicant Grantee Name

\_\_\_\_\_  
Grant Number (If Known)

Zeke Daniels  
Signature: Project Director

Zeke Daniels  
Signature: Authorized Business Official

7/31/00  
Date:

7/31/00  
Date:

# Application Checklist

Use this list to check to be sure you have included everything that is required in your application.

- T 501(c)(3) tax exempt certification letter from the Internal Revenue Service
- T Letter of support from the health department indicating that you have discussed your proposed activities and that you agree to follow the health department's guidelines
- T Letter of intent from a physician indicating his/her involvement in HIV testing of your target population
- T Completed Proposal Submission Form
- T The following parts of the proposal:
  - T Table of Contents
  - T How Do I Show My Eligibility?
  - T What Do I Include in the Submission Form? (See completed Proposal Submission Form)
  - T How Do I Write My Proposal? (Narrative)
    - T Justification of Need
    - T Program Activities
    - T Training, Quality Assurance, and Program Monitoring and Evaluation
    - T Organization History and Experiences
  - T How Much Will Your Proposed Program Cost (Budget)
- T Description of funding you are currently receiving from other sources for HIV prevention or care activities
- T Independent audit statements
- T Memorandum of agreement or letter of support from current partnering or collaborating organizations.

Attachment 1: IRS 501(c)(3) Tax Exempt Letter

FFN: 232000593

Employer Identification Number: 88-0004912

Case Number: 2340829732EO

Person To Contact: EO Technical Assistor

Contact Telephone Number: (314) 876-1234

Our Letter Dated: September 3, 1988



Organization ABC  
123 South Street  
Atlanta, GA 30101

Dear Sir or Madam:

This is to confirm that we have determined Organization ABC is an organization of the type described in section 501(c) (3) of the Internal Revenue Code.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your status under section 501(c) (3), a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 501(c) (3) organization.

Please retain a copy of this letter for your permanent records. If you have any questions, please contact the person whose name and telephone number appear above.

Sincerely yours,

Urusla N.  
District Director  
Internal Revenue Service

#### **Attachment 4: Letter of Support from State Health Department**

Dr. Zeke Daniels  
Executive Director  
Organization ABC  
123 South Street  
Atlanta, GA 30101

Dear Dr. Daniels:

This letter is to confirm that representatives of the Georgia State Health Department have met with representatives of Organization ABC to discuss your organization's plans to provide counseling, testing, and referral services to African American men in a two-county area in and around Atlanta, GA.

It is our understanding that your proposed activities will be conducted in accordance with Georgia state health department guidelines and recommendations for

- ' Confidential testing
- ' Training of counselors
- ' Confidentiality
- ' Surveillance reporting
- ' Laboratory processing
- ' Type of testing
- ' Follow-up for results (both positive and negative)
- ' Early intervention services for HIV infected persons
- ' Data collection and reporting
- ' Quality assurance of counselors
- ' Linkages with partner notification
- ' Synchronization with local laws
- ' Populations to be targeted
- ' Stating orders with a physician

Best wishes to you in your efforts to secure funding to conduct this program.

Sincerely,

Dawn Lee  
Chief, HIV Prevention Services  
Georgia State Health Department

**Attachment 5: Letter of Intent from a Physician**

Dr. Zeke Daniels  
Executive Director  
Organization ABC  
123 South Street  
Atlanta, GA 30101

Dear Dr. Daniels:

This letter is to confirm that representatives of Organization ABC have met with me to discuss proposed testing and counseling methods as part of your application to the CDC for funding of these activities. I am aware of your plans, find them to be scientifically sound, and agree to serve as the physician of record for these testing activities.

Sincerely,

Serena Gilman., M.D.

## What do I Include in the Submission Form?

### Proposal Submission Form

Name of the applicant Organization ABC  
Employer Identification Number (of the agency applying for funds) 88-0004912  
City Atlanta State Georgia  
Name of individual to contact in case of questions regarding this form:  
Dr. Zeke Daniels  
Phone number (404)799-0900 Fax Number (404) 799-0999  
Email address [zeked@aol.com](mailto:zeked@aol.com)

**Which risk behavior(s) will you target under program announcement 00100?** Please select all that apply and give the percentage represented by each group. For example: **Bisexual Men, 50%; Heterosexuals, 50%**. Also, please indicate, by circling the appropriate letter below, if a group is **Exclusive (E)**: Only targeting this group; **Primary (P)**: Targeting more than one group as the primary focus; or **Secondary (S)**: Group will be engaged as part of the intervention, but is not the primary target.

X Men who have sex with other men <u>70</u> % E <u>P</u> S X Bisexual men <u>25</u> % E P <u>S</u> X Transgenders <u>5</u> % E P <u>S</u> " Youth (13 - 19 years) _____% E P S " Sex workers _____% E P S  <i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i>	" Heterosexuals _____% E P S X Sex workers <u>10</u> % E P <u>S</u> " Inmates _____% E P S X Youth (13 - 19 years) <u>15</u> % E P <u>S</u> " HIV positive individuals _____% E P S X Partners of substance users <u>50</u> % E P <u>S</u> X Partners of bisexual men <u>10</u> % E P <u>S</u> X Homeless <u>15</u> % E P <u>S</u> X Other <u>20</u> % E P <u>S</u>  <i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i>
X Intravenous drug users <u>20</u> % E P <u>S</u> X Substance users <u>50</u> % E P <u>S</u>  <i>Of the populations you plan to serve, give the percentage represented by each of these groups?</i>	

**Which racial/ethnic group do you plan to target under program announcement 00100?** Please select all that apply and give the percentage represented by each group. For example: **African Americans, 50%; Hispanic/Latinos, 50%**. Also, please indicate if a group is **Exclusive (E)**: Only targeting this group; **Primary (P)**: Targeting more than one group as the primary focus; or **Secondary (S)**: Group will be engaged as part of the intervention, but is not the primary target by circling the appropriate letter below.

X African Americans <u>90</u> % E <u>P</u> S " Hispanic/Latinos <u>10</u> % E P <u>S</u> " Asian/Pacific Islanders _____% E P S " Alaska/Native Americans _____% E P S
---

### Please provide a short description of your target population and program.

Organization ABC's target population is African American men who have sex with men (MSM) in a two-county area in Atlanta, GA. (Experience shows that targeting this population means also targeting some individuals who do not self-identify as MSM.) AIDS is the leading cause of death for African-American men ages 20-44 in Georgia. Organization ABC plans to offer HIV counseling and testing from our headquarters as well as a mobile van to African American MSM in a two-county area in and around Atlanta, Georgia.

Activities will include street outreach, counseling and testing, referral and linkages, and partner counseling and referral.

Are you currently funded under any of the following announcements? If yes, please give the award amount you received.

	" 99091	" 99092	" 99096	" 00023
Amount Awarded	\$0	\$0	\$0	\$0
	_____	_____	_____	_____
	—	—	—	—

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### **How Do I Show My Eligibility?**

Organization ABC serves the counties of DeKalb, Fulton, Gwinnett, Henry, Clayton, Cobb, and Cherokee in the city of Atlanta, Georgia. Atlanta is one of the MSAs eligible for funding under Program Announcement 00100. A private, not-for-profit organization, Organization ABC has a current, valid IRS 501(c)(3) non-profit status. See Attachment 1 for a copy of the tax-exempt letter the IRS sent to Organization ABC.

Organization ABC was founded in 1989 in Atlanta, GA, and primarily serves African American men who have sex with men (MSM), although our clients also include African American men who do not identify as MSM. We have been serving the African American community since 1989, and if awarded funds for counseling, testing, and referral through Program Announcement 00100, we would add these services to those already offered to our target population.

Organization ABC provides a variety of services, including prevention counseling, street outreach, referrals, and healthy living with HIV, to a client audience of approximately 800 individuals per year. Following is a full list of the prevention services Organization ABC has offered to its target population and the time period during which each type of service was begun (and, if applicable, when it ended):

<b>Type of Service</b>	<b>Offered Since</b>
Prevention counseling	1989 -2000
Street outreach	1989 - 1995
Referrals	1991 - 2000
Legal counseling	1991 - 1993
Warm Line for Support of Persons Living with AIDS	1992 - 2000
Classes on Positive Living with HIV	1997 - 2000

69% of the members of the board of directors of Organization ABC are African American. See Attachment 2 for a listing of board members, along with their role in Organization ABC, profession, and gender.

66% of all key management, supervisory, and administrative positions and 100% of all key service provision positions at Organization ABC are filled by African Americans. See Attachment 3 for a listing of staff members as well as a listing of additional staff needed to carry out our proposed plan.

A letter of support from the Georgia State Health Department is enclosed as Attachment 4. This letter indicates that Organization ABC has discussed with the health department our plans for HIV prevention counseling, testing, and referral services and that Organization ABC agrees to follow the health department's guidelines for these activities.

The Organization ABC is applying to CDC for funding as a stand-alone organization. This proposal does not include plans to act as a member organization within a coalition. The Organization ABC currently receives no funding under CDC Program Announcement 99091, 99092, 99096, or 00023. The Organization ABC is not a government or municipal agency or a private or public university or college. The Organization ABC is not included in the category described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities.

### **How Do I Write My Proposal (Narrative)**

#### **Justification of Need**

AIDS is the leading cause of death for African-American men and women ages 20-44 in Georgia. In the

metropolitan Atlanta area, African American men are disproportionately affected by HIV and AIDS. In the seven-county area served by Organization ABC, an estimated X individuals are infected with HIV. Researchers estimate that X% of these individuals are African American. MSM comprise the largest risk group currently bearing the burden of the epidemic. X individuals in the two-county area covered by this proposed project are reported to be living with AIDS. Of these, X% are African American males. X individuals in this area have died of AIDS since reporting was begun in Georgia. Of that number, X were African American men. In the two-county area covered by this proposed project, wal;dfa a;lsl a;asdlk; a;lksakl askds a;sdla as0we0q zlkdk aiowp0q[ a da a a';a'a;ertpoqpd apeof'jrtu apertmj qpt q-eqw apqp ert ap wqp wt pew etlt.

Socioeconomic factors contribute to the unequal burden of HIV and AIDS among African American men. Wal;dfa a;lsl a;asdlk; a;lksakl askds a;sdla as0we0q zlkdk aiowp0q[ a da a a';a'a;ertpoqpd apeof'jrtu apertmj qpt q-eqw apqp ert ap wqp wt pew etlt pqewt opt ptpjwetpjt qp etopetqp epjtpjerpoeto qpeq q q q q pqporwqpe qt eepot qpot weropgr tpryw ry qp;eqptqpeee.

More than half of the African American men with AIDS in Georgia acquired it by having unprotected sex with a woman or man who was infected with HIV. Over one fourth of the men were infected by sharing works to shoot drugs. African American MSM a;kdf df;k al;dfa a;lsl a;asdlk; a;lksakl askds a;sdla as0we0q zlkdk aiowp0q[ a da a a';a'a;ertpoqpd apeof'jrtu apertmj qpt q-eqw apqp ert ap wqp wt pew etlt pqewt opt ptpjwetpjt qp etopetqp epjtpjerpoeto qpeq q q q q pqporwqpe.

Barriers to accessing HIV prevention counseling and testing for African American men, particularly for African American MSM, include al;dfa sdl a;asdlk; a;lksakl askds a;sdla as0we0q zlkdk aiowp0q[ a da a a';a'a;ertpoqpd apeof'jrtu apertmj qpt q-eqw apqp ert ap wqp wt pew etlt pqewt opt ptpjwetpjt qp etopetqp epjtpjerpoeto qpeq q q q q pqporwqpe Wal;dfa a;lsl a;asdlk; a;lksakl askds a;sdla as0we0q zlkdk aiowp0q[ a da a a';a'a;ertpoqpd apeof'jrtu apertmj qpt q-eqw apqp ert ap wqp wt pew etlt pqewt opt ptpjwetpjt qp etopetqp epjtpjerpoeto qpeq q q q q pqporwqpe.Wal;dfa a;lsl a;asdlk.

In the two-county area served by Organization ABC, there is one other organization which specifically targets African American MSM with prevention services. In addition, the county health departments offer HIV testing and counseling. These services al;sdkaslkasd l;asd;laskl;sdf; a;asdlasal sa 'asd ;alsdk a asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e5tio;e we4toiju2 n o5daiewdfp e e5tofpijkwy. A focus group convened among Organization ABC's clients revealed that a;lksdjfa slksfg sdsdfl;ads asdgklfdgl adg osadg osdg.

Organization ABC proposes to provide services which will further meet the needs of our target population as well as improve on existing services provided by sa 'asd ;alsdk a asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e5tio;e we4toiju2 n o5daiewdfp e e5tofpijkwy oleknto;cijkmer wklt;o iketoetu sa 'asd ;alsdk a asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e5tio;e we4toiju2 n.

Organization ABC's proposed target population, African American men, and in particular, African American MSM, are the number one priority population as indicated in the comprehensive HIV prevention plan developed through the Georgia state community planning process. Daiewdfp e etofpijkwy oleknto;cijkmer wklt;o iketoetu sa 'asd ;alsdk. The interventions recommended in the comprehensive plan for this population include counseling, testing, and referral services. Asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e5tio;e we4toiju2 n.



## How Do I Write My Proposal (Narrative)

### Program Activities

Organization ABC proposes to offer HIV counseling and testing services both at our headquarter location and through our mobile van services.

### Objectives

For the first year, Organization ABC objectives for the proposed project are:

#### Reaching your Clients

- Objective I Reach X high-risk persons with face-to-face information about the benefits of testing.
- Objective II Z;l asdf woier sa dofi sdfns df sdf.
- Objective III Rak;df asdkdsf X asd;lksd w230weoiwe adlksd; ;lkds;lk gd g;lkgk a.
- Objective IV Weop aasdp olsd;m sdd a dfk dsf a sd'g a;dm gprortg pr.

#### Counseling and Testing

- Objective I Inform X persons from the target population of their test results.
- Objective II Lasidf as dfpio awa eiw t asoi fgo xp oi sdf sd asdoi apsodif.
- Objective III Bas asdoi rtio agi sgo agi asdk rg roi ptrtoirt ag re itrt.
- Objective IV Rasd f we aoi weh as ios adto saetl; kwet oi weti o wt aoi paw eropiw aeo wet.

#### Referral and Linkages

- Objective I Ensure that X HIV-positive persons are able to get medical services.
- Objective II Wasdoif asdopisd af a sdoipa wet poi awet asdf.
- Objective III Ka dp iadsfi awe p dafoi paw dfi oa wefa oaspo if w eopi aw epoi awetoi asdofi.
- Objective IV Csa epiadf dfo pias fdpo isado isd lkdg lk;sd goiwt opiw rt o ipw.

#### Partner Counseling and Referral Services

- Objective I Successfully contact X partners of their risk and encourage testing.
- Objective II Refer X clients with HIV to the health department for partner counseling and referral services.
- Objective III Qpewr iwepn oeo aeo iae rio er op erio erto e.
- Objective IV Hears pti t ertp oie roier to iert ipo e ro ierto er trte wro;i werto pie rt op ewrp oi rty;o ty.

#### Confidentiality

- Objective I Werioawe ae sfpoiwaef hweaf p
- Objective II Aweio sdoisdf sdfi sdf
- Objective III Asdf;kasdf ;osadfio; sdfi

#### Management and Staffing of the Program

- Objective I Yaeipfasd pa asdlksdf
- Objective II Eiopqwer qpoiwaef sdafoipsdf o

## Activities and Steps to Achieve Objectives for: Reaching your Clients

- (a) To reach persons who have not been tested before and who are at high risk because of their behaviors, Organization ABC will conduct the following activities:
  - (i) conduct peer-to-peer street outreach
  - (ii) take the mobile van into asldk a;ldfk asd;lksdklsd
  - (iii) operti oryw ;psryio try otrdho iwy oiero
  - (iv) ierto eqto irtoi eqto eqo eqtoietioqe eq weo iwro.
- (b) To build trust with the target population, we will:
  - (i) aselk;soi q;oieoiq;poweiowqerpoqe
  - (ii) aselkiet q;oiewtioh rto is;o.
  - (iii) ryio et;o we weqpoietho ;erqto;i eqroe
  - (iv) qe0erqt rtiort qerpoert pepo.
- (c) To get the target population to use our services, we will:
  - (i) convene a community advisory group
  - (ii) provide services at times when clients are congregating in the neighborhood
  - (iii) aselk;soi q;oieoiq;poweiowqerpoqe
  - (iv) aselkiet q;oiewtioh rto is;o eryio et;oe
- (d) Organization ABC will use available social networks to provide counseling and testing by:
  - (i) aselk;soi q;oieoiq, poweiowqerpoqe
  - (ii) selkiet q;oiewtioh rto is
  - (iii) o eryio et;o we weqpoietho
  - (iv) erqto;i eqroe qe0erqt.

## Activities and Steps to Achieve Objectives for: Counseling and Testing

- (a) Organization ABC will offer both confidential and anonymous testing. Activities will include:
  - (i) salasdf;l;kj aasds;la aslkasdlk;
  - (ii) asd a;s;l2i0oi xlkfdgoisdg vidodf
  - (iii) zn osoiadi zodaf,a adiad, asdia, aiasdpoisdiopa.
- (b) Organization ABC will use the XXXXXX test, manufactured by YYYYYY.
- (c) To demonstrate the approval of a medical doctor of our proposed testing activities, please find enclosed Attachment 5. This is a letter of intent from a physician licensed in the state of Georgia.
- (d) To get test specimens processed by a laboratory, ABC will contract with Z Company to provide transportation of specimens to the lab. We will use ZZ testing kits, manufactured by K Company. When rapid tests become available, we will use them. We will contract with Georgia State Public Health Laboratory Services to process these tests, and will pay them monthly by check for this processing fees for this service.
- (e) Organization ABC will collect and report testing information according to the guidelines and procedures outlined by the Georgia state health department. These include poweiowqerpoqe aselkiet q;oiewtioh rto is, o eryio et;o we weqpoietho, erqto;i eqroe qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio..
- (f) We will follow up with persons who use Organization ABC services to make sure they receive their test results. We will do this by poweiowqerpoqe aselkiet q;oiewtioh rto is, o eryio et;o we weqpoietho, erqto;i eqroe qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt operti and oryw.

- (g) ABC currently provides HIV prevention counseling. As part of the testing service ABC is proposing to conduct, we will implement counseling for positive and negative poweiowqerpoqe aselkiet q;oiwtoh.

#### **Activities and Steps to Achieve Objectives for: Referral and Linkages**

- (a) To help persons who are HIV infected or at a high risk of HIV get the treatment and other services they need (e.g., medical, mental health, and drug use treatment), Organization ABC will aselkiet q;oiwtoh rto is, o eryio et;o we weqpoietho, erqto;i eqroe qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio.. To assist these individuals in getting other related services such as housing and transportation, we will asd;l f as;l ksd dailg dfo;irf ae; oisaf ;f osafoi f.

Attached to this document is a letter of agreement with an organization that will provide services to referred clients such as drug treatment, STD treatment, and mental health services. See Attachment 6 for this letter.

- (b) The majority of activities related to this program will be carried out by Organization ABC paid staff. Some office and administrative functions will be conducted by volunteers, but signed off on by Organization ABC staff.

#### **Activities and Steps to Achieve Objectives for: Partner Counseling and Referral Services**

- (a) Organization ABC will ensure partner counseling and referral services are provided by training counseling staff in these areas. In addition, Organization ABC will conduct quality assurance checks with counselors by putting in place a aselkiet q;oiwtoh rto is, o eryio et;o we weqpoietho, erqto;i eqroe.

#### **Activities and Steps to Achieve Objectives for: Confidentiality**

- (a) To ensure the confidentiality of all records, information, and activities related to our clients, Organization ABC will aselkiet q;oiwtoh rto is, ow pqewr qwe owei e el weoi la poewir weewr.
- (b) To ensure eryio et;o we weqpoietho, erqto;i eqroe qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt.

#### **Activities and Steps to Achieve Objectives for: Management and Staffing of the Program**

- (a) Organization ABC will manage the proposed program by qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio.qe0erqt rtiort qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio.
- (b) Staff roles and responsibilities for this project will be as follows:
- |                 |   |
|-----------------|---|
| Ae0erqt rtiort: | qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio |
| De0erqt rtiort: | qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio |
| Ge0erqt rtiort: | qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio |
| He0erqt rtiort: | qerpoert pepo[eq qeroieqti, and eqt operti oryw ;psryio |
- (c) Organization ABC staff have experience and skills in ala;lsdf, a;lsdfk, fiquier, qporetot, qpowe, awoie, wito, taid, and tqoiet. For more detail on staff experience, see the resumes in Attachment 7.
- (d) Organization ABC will be the contractors who transport and process testing results. These organizations are Z Company and Georgia State Public Health Laboratory Services. Their skills and experience are as follows: aselkiet q;oiwtoh rto is, o eryio et;o we weqpoietho, erqto;i eqroe qe0erqt rtiort. We will also work with the DeKalb Community Health Center. (See Attachment 6 for a letter of Agreement). The DeKalb Community Health Center is a 25-year-old a;lkd f as;lksdf; jlsdafkl sd which serves a;kdfk in dsf djkaflk;sdf;kls asdk;sf. Expertise includes asd;lkd sdf;lksdfk; sdfl. A letter of support from an organization to which Organization ABC will make referrals is included in the Attachments to this proposal.

## Time Line

Time line for implementation of counseling and testing services by Organization ABC is as follows:

Step	Completed
Plan approved and funded	September 30, 2000
Meeting with health department to develop Memorandum of Agreement	October 11, 2000
Schedule developed for training of staff	October 30, 2000
Staff hired	December 20, 2000
De0erqt rtiortqerpoert pepo[eq	January 10, 2001
Ge0erqt rtiort ajkdfkljads	January 30, 2001
He0erqt rtiort	March 30, 2001
Se0erqt rtiort ajkdfkljads	August 15, 2001

## How Do I Write My Proposal (Narrative)

### Training, Quality Assurance, and Program Monitoring and Evaluation

- (1) To make sure staff get the training they need to provide counseling and testing services, Organization ABC will provide training, quality assurance, and program monitoring and evaluation. For training, we will conduct the following activities:
  - ' Train-the-trainer, working with a representative of the Georgia State Health Department and a representative of the Dekalb Community Health Center
  - ' salfdj ;la sdfj ;asldfs a;ldf s;dalfjs dl;fkjsdl;f sld;fj sdfaslskfas
  - ' d;lf jasd; lfjas df;lsa;l sdfjs;l adfj;sald
  - ' fj ;la sdfj ;asldfs a;ldf s;dalfjs dl;fkjsdl;f sld;fj sdfaslskfas

All staff members who conduct counseling and testing services will receive this on-going training. The number of staff members to be trained is XX. The titles of the staff members to be trained are:

  - ' Counselor
  - ' Asfopiadsoi
  - ' Xdfddfognb
- (2) Organization ABC will routinely monitor our staff's activities to determine if they are following established guidelines and protocols and to determine any additional training needs. To do this, we will develop an evaluation instrument, working with a representative of the Georgia State Health Department and a representative of the Dekalb Community Health Center. We will assess performance and developmental needs at intervals of XX.
- (3) Organization ABC will determine and meet our needs in the areas of capacity-building or technical assistance by a;sla asdfasd eierti agdfoij qeriotn asklqrtoisdfb sdfg wdy wyt gh sdfiopwer werriotyn gf pry hdsfp[owty try, and wertiopertoi dfljkg asok,a dsokrt,ark kert.
- (4) We will assess the program's success at meeting the objectives listed above (under "How do I Write My Proposal (Narrative), Program Activities) at X-month intervals and will assess program successes and failures in cooperation with a representative from a;klsdf asdokfawefkj aflksf. Specific evaluation criteria will be as follows:

### Reaching your Clients

Objective I assessment: Qweria; sdf iosadf; o X% akdfja sdf

Objective II assessment: Ewfiaerf asd;l fs; jfsakl;f sadfk

Objective III assessment: Rak;df asdkdsf X asd;lksd

Objective IV assessment: Weop aasdp oldsd;m.

### Counseling and Testing

Objective I assessment. Aawerio adsfo;i asr

Objective II assessment: Lasidf as dfpio awa eiw t

Objective III assessment: Bas asdoi rtio agi sgo

Objective IV assessment: Rasd f we aoi weh as

### Referral and Linkages

Objective I assessment: Coadsfpas sadfo

Objective II assessment: Wasdoif asdopisd af a

Objective III assessment: Ka dp iadsfi asdofi.

Objective IV assessment: Csa epiadf dfo pias fdpo

### Partner Counseling and Referral Services

Objective I assessment: A asd;if aef; ower  
Objective II assessment: Weirawpeo rasdf asdfsdk  
Objective III assessment: Qpewr iwepne.  
Objective IV assessment: Heasr pti t ertp oie

### **Confidentiality**

Objective I assessment: Werioawe ae  
Objective II assessment: Aweio  
Objective III assessment: Asdf;kasdf

### **Management and Staffing of the Program**

Objective I assessment: Yaeipfasd pa  
Objective II assessment: Eiopqwer

- (5) We will assess whether the services offered by Organization ABC through this program are meeting the needs of the target population by asdfklsd rfoisefo iwaeroi wefok; sfk sdfoiweoi flksa. We will assess whether those individuals our organization refers for services are using the referral by conducting agdfoij qeriotn asklqrtoisdfb sdfg wdy wyt gh sdfiopwer werriotyn gf pry hdsfp[owty try, and wertiopertoi dfljkg asok,a dsokrt,ark kert.
- (6) Organization ABC will monitor its own subcontractor performance by agdfoij qeriotn asklqrtoisdfb sdfg wdy wyt gh sdfiopwer werriotyn gf pry. This will occur on a sdlkfsdf aweoiwer basis. Evaluation criteria will be:
  - (a) asdkf asdfkljs adf
  - (b)laskfj as;odfkj asdf
- (7) Organization ABC will collect reporting information required by the health department by using an instrument designed and reviewed by a representative from the Georgia State Health Department. We will analyze the results of this survey and use the findings to qwerpoiea asdfoksdf safoipsdfi sj and to asdl;fk sdf sdoisdfdfpoisafoi sdf.

## How Do I Write My Proposal (Narrative)

### Organizational History and Experiences

- (1) Organization ABC has provided the following kinds of health-related services, other than HIV prevention services, for our target population, African American MSM, beginning in 1989:

Type of Service	Offered
Case management	1989 - 2000
Homeless shelter	1989 - 2000

- (2) Organization ABC has experience in providing HIV prevention services, including counseling and testing services to the targeted population as indicated in the table below. We have been providing these services since 1989, beginning with a;kds as;klsdn and then a;oksdakasdf ;s, followed by a;kdfklasf. In 1991, we a;asdkfasd;alk;asdf. Then, in 1992, a;asdf ap;awe noieio;saik glk oe as seio weti t ae iot.

Type of Service	Offered
Prevention counseling	1989 - present
Street outreach	1989 - present
Referrals	1991 - present
Legal counseling	1991 - 1993
Warm Line for Support of Persons Living with AIDS	1992 - 1995
Classes on Positive Living with HIV	1997 - present

- (3) In addition to HIV prevention counseling and testing services, ABC has experience in providing services as detailed in the table above in (1).
- (4) Organization ABC's experience in linking with other organizations for providing HIV care and prevention services and ongoing care, if needed, for clients is as follows: agdfoij qeriotn asklqrtoisdfb sdfg wdy wyt gh sdfiopwer werriotyn gf pry hdsfp[owty try, and wertioptoi dfljkg asok,a dsokrt,ark kert.

Organization ABC would like to add HIV counseling and testing to our existing services. In order to do this, we will need to provide the following services:

- ' ui[po jasd; lfjas df;lsa;l sdfjs;l adfj;
- ' spodfj ;la sdfj ;asldfs a;ldf s;dalfjs dl;fkjsdl;f sld;fj sldfaslskfas
- ' qweqw jasd; lfjas df;lsa;l sdfjs;l adfj;sald
- ' fj mmmm sdfj ;asldfs a;ldf s;dalfjs dl;fkjsdl;f sld;fj sldfaslskfas

Currently, we have the following activities and materials that would support implementation of counseling and testing:

- ' toi jasd; lfjas df;lsa;l sdfjs;l adfj;
- ' asldfs spodfj ;la sdfj ;a;ldf s;dalfjs dl;fkjsdl;f sld;fj sldfaslskfas
- ' khb uuuw jasd; lfjas df;lsa;l sdfjs;l adfj;sald

- (5) Organization ABC currently keeps records of when and how services are provided by sdfj ;a;ldf s;dalfjs dl;fkjsdl;f sld sdfj ;a;ldf s;dalfjs dl;fkjsdl;f sld. We conduct evaluations of our services every qweio 12i3 oiasdiaasd weoiweoit a,qe roi,q er and qioer. We market services to our target population through sasetpo, aoidfopi adspoi asoisdf, and qeoiroi dier.
- (6) Organization ABC has demonstrated an ability to improve the way services are delivered by finding and accessing other resources through such means as asoropiqwe, qepoiweqri, and qewpoiweqr. Examples of this include:
- ' gggggui[po jasd; lfjas df;lsa;l sdfjs;l adfj;
  - ' dl;fkjsdl;f spodfj ;la sdfj ;asldfs a;ldf s;dalfjs sld;fj sldfaslskfas
  - ' sdfdsdseses4 qweqw jasd; lfjas df;lsa;l sdfjs;l adfj;sald



## How Much Will My Proposed Program Cost and How Many Staff Do I Need?

To conduct the proposed program, ABC Organization will need a grant of \$163,942 in year one. Organization ABC needs four additional full-time staff to carry out the program. Please see the attached form 424 for the budget. Additional budget details appear at the end of this section.

Organization ABC will be contracting with Z Company for transport services and with Georgia State Public Health Laboratory Services for test processing. Please refer to the section How Do I Write My Proposal / Program Activities / Management and Staffing of the Program / D for detail on why we chose these organizations to serve as contractors.

Activities to be provided by contractors and funds needed to pay these contractor organizations are as follows:

Service Provided	Cost
Z Company	\$X
Georgia State Public Health Laboratory Services	\$X

Organization ABC intends to use these contractors' services for the life of the grant. Contractors will be monitored regularly. Satisfactory delivery of services will be logged daily. Complaints will be logged. Formal re-evaluation will take place at X month intervals.

Jobs to be performed by contractors include:

Job title	Function	Duties and Activities	Rate of Pay (Hourly or Salary)	% Time Spent on Each Activity
Asdkwer	Baiewre	Baeieww Rsekdfg sdf;lgkj Dsfd;gk	\$X (salary)	X Y Z
Tasdkf;	Pasdoifasdf	Blasdfs Cajdfb	\$T (hourly)	X Y

Recruitment for individuals to fill these contract positions will be conducted as follows:

Daiewdfp e etofpijkwy oleknto;cijkmer wklt;o iketoetu sa 'asd ;alsdk. Asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e5tio;e we4toiju2 n.

Jobs to be performed by volunteers include:

Job title	Function	Duties and Activities	Rate of Pay (Hourly or Salary)	% Time Spent on Each Activity
Osapoiwe / volunteer	Capdoif	Dasdk;ds Ewaesfk; Badk;fd	Volunteer	X Y Z

Wee;eoir er / volunteer	Taekfasd; asdfasd	Kadfi sdf Esaerjosdr Casdk;sadf	Volunteer	P D Q
----------------------------	-------------------	---------------------------------------	-----------	-------------

Positions to be filled through volunteer work are noted in the table above. Training for volunteers will be offered at X-month intervals on the following topics:

- ' qweqw jasd; lfjas df;lsa;l sdfjs;l adfj;sald
- ' fj mmmm sdfj ;asldfs a;ldf a;ldf s;dalfjs sld;fj
- ' gggggui[po jasd; lfjas df;lsa;l sdfjs;l

**Budget and Staffing Justification - Detail for Form 424A****A. Personnel****Existing Staff to be Used**

<b>Name</b>	<b>Areas of Expertise</b>	<b>Role in Proposed Project</b>	<b>% of Time</b>	<b>Total Pay Associated with this Project (Does not include fringe benefits)</b>
Zeke Daniels	Program management; communications; organizational development	Executive Director (General Program Oversight)	10%	\$7000
Keith Banks	Program and personnel management and administration; financial systems and accounting	Program Manager	10%	\$12,000
Claudia Quinn	Finance; administration	Fiscal Director	10%	\$2000
Parks Roberts	Prevention counseling; positive test counseling; homosexuality	Counselor	25%	\$6250

**Additional Staff Needed to Carry Out the Proposed Plan**

<b>Expertise needed</b>	<b>Role to be Filled</b>	<b>% of Time</b>	<b>Total Pay Associated with this Project / Year (Does not include fringe benefits)</b>
Medical doctor with HIV testing/counseling and treatment experience	Staff physician	10%	\$12,000
Prevention counseling; counseling and testing	Counselor	100%	\$25,000
Prevention counseling; counseling and testing	Counselor	100%	\$25,000
Data management and reporting	Information systems manager	30%	\$14,100

**Job Descriptions:**

**Executive Director** - The Executive Director will provide general program oversight, a;dkfk awoiawer iof; lkscdkj sdfkl;sf;o sfjsafkls.

**Program Manager** - The Program Manager will manage day-to-day planning and operations for the proposed program, including a;oidf sai osadfio; sdf;j oisadfio; jsadfio; sd.

**Fiscal Director** - The Fiscal Director will monitor asd;oiawerio wae ;owaer;oi aerf;io waef;j oiaerfj;io ear;o iwtrio; eartjo; iartio; aert;io aertio; aert.

**Counselor** - The Counselors will conduct aspeoiro iwaer;oi ser;oi waerio; wet;ioj eratio; ertijo; ear ikertjo; iertio; ertj; ioaertio; aertoij; eartijo; eart;jo ieratret;aretio awre;ito ear oitearo; iearj;lkeratjoi;eartijo; eartio; wartio;j ert.

**Staff Physician** - The Staff Physician will be charged with asdkf asd;lksdfl sadoit ;ewtio ert; dsgio erto iertoi erto; drtg;o irt;io eart;oi rt;oiertoi; ert; oiert;o iert;o ier; oier; oeari; erto; iert;oi erto;iuet i;oerto; i4t.

**Information Systems Manager** - The Information Systems Manager will have responsibility for as;dlkfsae;oiawto; iwaetio; aewt ijo;atoj;i eartjo; aert; lijargkj aertijo; aert as well as asd;lfcas; oitwa;io tra;o ijtj;iao wt.

## B. Fringe benefits

Fringe benefits are calculated at 24.25% of salaries. This breaks down as follows:

Benefit	Percentage
FICA	7.65%
as'dlfa'lsdf 'osadf';l sadfkl;	1.00%
Workers compensation	0.60%
Health, Life, and Disability Insurance	15.00%
Total	24.25%

The total amount for fringe benefits in this budget is \$25,062.

## C. Travel

Travel costs will pay for operation (including gasoline) and maintenance of the Organization ABC van while it is in the service of the proposed program. Total costs in this category are \$3000.

Operation and maintenance costs are estimated at XX cents/mile, and it is estimated that the mobile van will travel YY miles over the course of a year.

## D. Equipment

Organization ABC will purchase one set of two-way radios for communication from its mobile van to its

headquarters. This purchase will cost \$200.

#### **E. Supplies**

Supplies will include the following:

<b>Item</b>	<b>Quantity</b>	<b>Total Amount</b>
<b>HIV tests</b>	<b>3500 @ \$RR</b>	<b>\$AA</b>
<b>General office supplies</b>	<b>\$CC</b>	<b>\$BB</b>
<b>Educational pamphlets</b>	<b>\$DD</b>	<b>\$CC</b>
<b>Total</b>		<b>\$9,000</b>

#### **Notes:**

Educational pamphlets will be available in English and Spanish. They will be CDC-approved materials.

#### **F. Contractual**

<b>Contractor</b>	<b>Service to be Provided</b>	<b>Fee</b>
<b>Z Company</b>	<b>Transport test specimens to the lab</b>	<b>\$10,000 / year</b>
<b>Georgia State Public Health Laboratory</b>	<b>Analyze and report on test specimens</b>	<b>\$9830 / year</b>

#### **H. Other**

**Organization ABC will pay a member of the Georgia State Department of Public Health to provide quarterly training and counselor assessments, at a cost of \$3500 / year.**

**Attachment 2: List of Board Members for Organization ABC**

<b>Name</b>	<b>Position Held</b>	<b>Race/ Ethnicity</b>	<b>Profession</b>	<b>Gender</b>
Antonio Carter	Chair	African American	Software company owner	Male
Julia Amos	Vice-Chair	Caucasian	Red Cross Staff Member (Georgia Chapter)	Female
Carl Damon	Secretary	African American	Pastor	Male
William Roberts	Treasurer	African American	DeKalb County Health Department employee	Male
Kevin Danson	Member	Caucasian	Fulton County Commissioner	Male
Ella Freeman	Member-at-Large	African American	Musician	Female
Barbara Lewis	Member	African American	Playwright	Female
William Price	Member	African American	Physician, Gwinnett County Jail System	Male
Ellis Randolph	Member	African American	City planner	Male
Henry West	Fundraising Chair	Caucasian	Consultant	Male
Yolanda Young	Program Chair	African American	Civic leader	Female
Mazzie Zimmerman	Member	Caucasian	Business manager	Female
Robert Quinlan	Member-At-Large	African American	Nurse	Male

### Attachment 3: Key Staff

#### Current Staff

<b>Name</b>	<b>Areas of Expertise</b>	<b>Role in Proposed Project</b>	<b>% of Time</b>	<b>Race/ Ethnicity</b>	<b>Gender</b>
Zeke Daniels	Program management; communications; organizational development	Executive Director (general program oversight)	10%	African American	Male
Keith Banks	Program and personnel management and administration; financial systems and accounting	Program Manager (program oversight)	10%	African American	Male
Claudia Quinn	Finance; administration	Fiscal Director	10%	Caucasian	Female
Parks Roberts	Prevention counseling; positive test counseling; homosexuality	Counselor	25%	African American	Male

### Attachment 3: Key Staff, Continued

#### Additional Staff Needed to Carry Out Proposed Plan

Expertise needed	Role to be Filled	% of Time	Race/Ethnicity
Medical doctor with HIV testing/counseling and treatment experience	Staff physician	10%	African American
Prevention counseling; counseling and testing	Counselor	100%	African American
Prevention counseling; counseling and testing	Counselor	100%	African American
Data management and reporting	Information systems manager	30%	Does not matter



## What Other Materials Do I Need to Attach?

Other funds received to support Organization ABC's HIV/AIDS programs include:

Funding Organization	Amount of Funding	Use of Funds	Budget and Project Time Period
LMNOP	\$C	Weri adslkssdf	01/XX/XX
PDQ	\$V	Easdf asdfsdf sd Casdfka adsfdf	01/XX/Xx

Objectives and activities of the funded programs are as follows:

- Daiewdfp e etofpijkwy oleknto;cijkmer wklt;o iketoetu sa 'asd ;alsdk. Asl;kwetowqet d qeioqweupo q [weroew eqrpt qorei er qeperroq oeqi eqower peqpeqoet c.sc e.
- Tio;e we4toiju2 n. ldjakjdf;l asjdfajsdflaljf; lasjfl;asjfl;s s;lkjgl;sdgj alkj;ladjflas;dfj a;lscjfl;asd a;ldfja;lskfj as a;lscfja;lscf a;lksfj;alskf.
- A;lksfj a;lscfj aa;lksfj a;lscfj asda;lscfjasdf a;lscfja;lscfj ;alkfj;lasfdj a;dlsfja;dlsfj a;lscfjas;ldfj.

Funds Organization ABC is requesting through Program Announcement 00100 will not be used to replace funds received from any other Federal or non-Federal Source.

Please see Attachment 8 for a copy of an independent audit statement for the past 2 years (1998 and 1999).

Please see Attachment 6 for a letter of agreement between Organization ABC and DeKalb Community Health Center outlining the referral agreement between the two agencies for the first year of the proposed project.

## Attachment 6: Letters of Agreement

Dr. Zeke Daniels  
Executive Director  
Organization ABC  
123 South Street  
Atlanta, GA 30101

Willa Hernandez  
Community Partnerships Coordinator  
DeKalb Community Health Center  
453 Allen Ave.  
Atlanta, GA 30100

Dear Dr. Daniels:

This is to confirm our agreement that DeKalb Community Health Center will act as a referral agency for Organization ABC. In this capacity, we will:

- Provide subject matter expertise in train-the-trainer activities so that members of the staff of Organization ABC can achieve expertise in pre- and post-test HIV prevention counseling.
- Serve, on a priority basis, clients referred by Organization ABC, providing as needed STD diagnosis and treatment, TB testing, and medical services needed for anyone found HIV positive through Organization ABC's counseling and testing activities
- Collaborate with Organization ABC on reporting successfully completed referrals as outlined in Program Announcement 00100, Attachment 5: Health Department Counseling, Testing, and Referral Activities Checklist.

In return, Organization ABC agrees to:

- Cultivate a partnership with DeKalb Community Health Center in which both sides share knowledge and future collaborative opportunities are explored.
- Serve as a asdskdsiower oiwer io pwer piowerio wef oweiowtiowetoi ksdfkl;sadfk ;lsdfk .

We look forward to a successful collaboration with Organization ABC.

Sincerely,

Willa Hernandez

**Attachment 7: Resumes of Staff**

**Attachment 8: Independent Audit Statements for 1998 and 1999**